

CLAIMS ONLY							Application Number		Filing Date		
							Applicant(s)				
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
1	/							51			
2		/						52			
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46								96			
47								97			
48								98			
49								99			
50								100			
Total Indep								Total Indep			
Total Depend								Total Depend			
Total Claims								Total Claims			